

Prevention of Surgical Site Infections... A Community Report

Postoperative infection is a major cause of patient injury, mortality and healthcare cost. An estimated 2.6% of nearly 30 million operations done in the United States are complicated by surgical site infections each year.

Alliance Community Hospital monitors every surgery for complications of infection. Our 2008 post operative infection rate was less than 1%.

To aid in your recovery following surgery, contact your surgeon immediately if you experience:

- Severe pain not alleviated with physician prescribed medication
- Persistent vomiting
- Fainting spells
- Redness, bruising or swelling of operative site
- Fever of 101 degrees or higher
- Severe/continuous bleeding
- Trouble urinating

Prevention of Surgical Site Infections – How Does Alliance Community Hospital Compare?

At Alliance Community Hospital (ACH) we follow the National Surgical Care Improvement Guidelines to decrease surgical site infections. We monitor the quality of care we provide by tracking specific national treatment guidelines and comparing our statistics to national benchmark standards.

1. The National Surgical Care Improvement Guidelines recommend starting prophylactic antibiotics within one hour prior to the start of the surgery.

| ACH 2008 | State (Eastern Ohio) | National Average |
|-----------------|-----------------------------|-------------------------|
| 77% | 92% | 93% |

2. The goal of giving prophylactic antibiotics is to use an agent that is safe, cost-effective, and that is effective against infection in surgery.

| ACH 2008 | State (Eastern Ohio) | National Average |
|-----------------|------------------------------|-------------------------|
| 92% | 95% | 97% |

3. Antibiotics offered more than 24 hours after a surgical procedure have no additional benefit to the prevention of infection. The national standard is to discontinue prophylactic antibiotics as soon after the surgical procedure as is possible. Prolonged continuation of prophylactic antibiotics increases the risk of certain other infections.

| ACH 2008 | State (Eastern Ohio) | National Average |
|-----------------|-----------------------------|-------------------------|
| 90% | 88% | 90% |

4. Studies show that shaving causes multiple skin abrasions that later may become infected. When hair removal is required for surgery, electric clippers or a depilatory should be used. Patients anticipating surgery should NOT perform their own hair removal.

| ACH 2008 | State (Eastern Ohio) | National Average |
|-----------------|-----------------------------|-------------------------|
| 93% | 98% | 97% |

5. Core body temperatures should be within a normal range both before and after surgery. After surgery a patient's body temperature needs to be within a normal range to prevent post-operative infection, promote wound healing, and promote general body metabolism.

| ACH 2008 | State (Eastern Ohio) | National Average |
|-----------------|-----------------------------|-------------------------|
| 91% | 83% | 86% |

6. Beta blockers are medications that can reduce the risk of cardiovascular complications during surgery. If you are currently taking a beta blocker it is recommended that you continue taking the beta blocker during the perioperative period (24 hours prior to surgery). Remember that your surgeon will instruct you as to the medication that you should take or medication that you should withhold during this time.

| ACH 2008 | State (Eastern Ohio) | National Average |
|-----------------|-----------------------------|-------------------------|
| 97% | 88% | 92% |

7. A venous thromboembolism (VTE) is a blood clot usually found in the leg. A VTE is one of the most common postoperative complications. It has been shown that prophylaxis (prevention) is the most common way to reduce complications of VTE following surgery. Not all surgeries require prophylaxis. The use of prophylaxis is determined by the surgeon based on the type of surgery being performed and other additional risk factors.

| | ACH 2008 | State (Eastern Ohio) | National Average |
|---------------------------------|-----------------|-----------------------------|-------------------------|
| Prophylaxis ordered | 91% | 88% | 92% |
| Prophylaxis administered | 90% | 86% | 90% |

Data for ACH and comparative data is obtained by using the Ohio Hospital Association Core measure Report for 2008.